State of South Dakota

Candidates and candidate committees: File in the office where you filed your nominating petition.

RECEIVED

JAN 15 2003

Candidate's or Committee's Report of Receipts and Expenditures
S.D. SEC. OF STATE

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070 KIW See pages 9 & 10 of the Guideline Book for specific instructions on (Von Ma) completing this report. Name of Candidate or Committee Complete Mailing Address Daytime Name of Person Making Report Geneva Handenan Phone If you are a candidate, what office are you seeking If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Year - Ind - Report For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 10-29- 2002 The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT dem AN (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Candidate Signature or

Revised July 2001

Jan. 10, 2003

Filed this day.

Signature of Committee Treasurer or Chairperson

SECRETARY OF STATE

Name of Candidate or Committee Henry Gardenan				
For the reporting period ending 10-29-2002				
Schedule A - Direct Contributions				

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

nitemized Contributions from Individuals:				
mized Contribut Name	rions from Individuals Residence Address	Place of Employment (Name of Employer)		
			\$	
			\$	
			\$	
			\$	
			\$	
····			\$	
			\$	
			\$	
			\$	
			\$	
-			\$	
<u>.</u>			\$	
			\$	
			-	
			\$	
			\$	
			\$ \$	

or the reporting period ending_ Schedule A - Di	rect Contributions (continue	d)
nitemized Contributions from Po		*\$
temized Contributions from Pol:		
Party Name	Address	1
Party Name		\$
		\$
otal of Itemized Contributions	fuer Delitical Parties:	*\$
emized Contributions from Pol (All contributions from PAC Name	itical Action Committees (P PAC's must be itemized.) Address	AC's)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		<u> </u>
and the state of t		\$
		\$
		\$ \$ \$
		\$

)	General Gardenan				
Name of Candidate or Committee	0-29-2002				
101 the 10perung punch	, and the second				
Schedule B - Fund-Raising Events Proceeds					
List on this schedule fund-raising events held to raise derived from each event. If a contributor gives more aggregate being more than \$100 in the calendar year,	than viring of inch could iduling tooms in mon				
Type of Event	Net Proceeds				
	e de la companya del companya de la companya de la companya del companya de la companya del la companya de la c				
	1				
	Total: \$ 0				
Schedule C - In	Kind Contributions				
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.					
Nature of Non-Cash Contribution	Estimated Value Name of Contributor				
医黑色医胃炎 不是 医黑色素 医二苯甲基苯酚 医二苯甲基甲基苯基甲基苯苯苯	Total: \$ O				
Schedule D - Other Income					
Use this schedule to report any refunds, interest earn	ed or other income which is not a direct contribution.				
Source of Income	Amount				
	Total: \$				

) Name of Ca	ndidate or Comm	ittee	Lene	was	Be	erdens		
	porting period		2	~ <u>2</u> '	9 -	2002		
		Schedul	e E - Exp	pendit	ure	S		
This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.								
Item	Amount	Contr	ibutions	Made	to	Candidates	and	Committees:
Advertisin	g	-						
Consulting		_						
Postage		-						
Printing		_						
Rent		_						
Salaries		-						
Telephone		_						
Travel		_						
Utilities		_						
Other Expe	enses:							

Name of Candidate or Committee Heneva Handeman				
For the reporting period ending 2-29-2002				
Schedule F - Debts and Obligations				

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

(1)

Total Obligations: \$______

Name of Candidate or Committee Stenera Gardenan						
For	For the reporting period ending 1-99-2002					
	Summary Page					
This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.						
1.	Amount on hand, if any, at beginning	g of reporting period	\$ 488,60			
2.	Receipts	•				
	Schedule A - Direct Contributions	\$				
	Schedule B - Fund-Raising Events	\$				
	Schedule C - In Kind Contributions	\$				
	Schedule D - Other Income	\$ <u> </u>				
	Total of all receipts	s				
3.	Total Monetary Receipts (A+B+D)		\$ <u>0</u>			
4.	Candidate's Personal Contribution t	o Own Campaign	\$ <u> </u>			
5.	Monetary Loans to Candidate or Comm. Reporting Period	ittee During	\$			
6.	Monetary Loans Repaid During Report	ing Period	s			
7.	Expenditures - Schedule E		s			
8.	Unpaid Obligations - Schedule F	\$				
9.	Amount on hand at the close of this This should equal lines (1+3+4+5)-(\$ 488.60			